Foster Care Citizen Reviewer's Preparation Outline

Child's Name_____Age_____Gender_____ Time in Care_____

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Goal_____ Concurrent Goal_____ Date and Reason for removal_____

Parents _____ Parents' situation_____

Foster parents_____ Judge_____

CHILD:

1.SAFETY: Is child safe in daily life? Are others safe from the child?

2.STABILITY: Free from risk of disruption? If not, are appropriate services provided? Is school setting stable?

Placements (past 12 months)   Reason for change   Impact on Schooling

3.APPROPRIATENESS OF PLACEMENT: Most appropriate placement considering the child's needs, age, abilities, peer group and culture? Most appropriate educational setting?

Current placement   Current school situation

4.PROSPECTS FOR PERMANENCE: Will placement endure until the child becomes independent? If not, is there a plan being implemented so child will have permanency?

5.HEALTH/PHYSICAL WELL-BEING: Child in good health? Basic physical needs being met?Immunizations complete? Date of Medical CHEC_____ Date of Dental CHEC_____Home to Home Book Used_____

Medications:

Follow up or special needs:

6.EMOTIONAL/BEHAVIORAL WELL-BEING: Child doing well emotionally and behaviorally at home and school? If not, is child making reasonable progress toward adequate functioning? Date of Mental Health Assessment_____

Recommendations:

Treatment (therapy type and frequency, etc)

7 or 8.LEARNING PROGRESS: Is the child developing, learning, progressing, and gaining skills, considering age and ability? Attending school? On grade level? IL classes? IEP plan? Services or supports?

9.CAREGIVER FUNCTIONING: Is caregiver providing adequate support and supervision? Are additional supports needed?   Home to Home book up to date_____?

10.FAMILY FUNCTIONING AND RESOURCEFULNESS: (for children living at home or having a goal of reunification): Can family live together safely and function successfully? Does family take advantage of opportunities to develop a reliable network of supports to help sustain family functioning and well-being? Might anything impair family functioning?

SYSTEM:

1.CHILD AND FAMILY PARTICIPATION: Are family and/or caregiver active participants in the team meetings? Are parents/caregivers partners in planning, monitoring, and evaluating results for the child? Does the child actively participate in decisions made about his/her future? Do the child and family express ownership of the plan?

2.CHILD AND FAMILY TEAM COORDINATION: Do those who provide services function as a team? Is there collaboration? Is there effective coordination and continuity in providing services? Is there a single point of contact?

3.FUNCTIONAL ASSESSMENT: (Includes functional, risk, school, bonding, mental health, substance abuse, and other assessments) Are the strengths, needs, and underlying issues identified? Are assessments updated as needed?

4.LONG-TERM VIEW: Is there a plan that should enable the child to live in a permanent home in a timely manner? Does the plan provide for smooth transitions across settings and providers? Does the caseworker envision the plan succeeding? Are key participants aware and supportive of the long term plan?

5.CHILD AND FAMILY PLANNING PROCESS: Is the child and family plan individualized and realistic? Was it discussed with the family? Are services provided coherently? Do the services fit the family's situation?

6.PLAN IMPLEMENTATION: Are services 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are services available to meet the needs identified in the plan?
Service Plan Requirements Start date_____ End date_____   Copy received
Mother:
Father:
Child:
Other:

7.FORMAL AND INFORMAL SUPPORTS AND SERVICES: Are the available supports and services adequate to assist the child/family to achieve the goals of the plan and make adequate progress?
Exploration of kinship placement:

Visitation plan: (Who? Where? When? Supervised?)

8.SUCCESSFUL TRANSITIONS: Is the next age-appropriate placement transition for the child being planned and implemented? IL plan and classes? Adverse consequences of recent transitions addressed?

9.EFFECTIVE RESULTS: Are the services resulting in improved functioning and achievement of desired outcomes?

Prior Board Recommendations: Recommendation: Follow up:

10.TRACKING AND ADAPTATION: Are the child and family status regularly evaluated? Are services modified to respond to changing needs?

11.CAREGIVER SUPPORT: Is the substitute caregiver receiving the training, services, and support necessary for them to perform parenting functions reliably for this child? Is the array of services provided adequate? If not, what's needed?

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